

# Medical Claim Form Sample for Overseas Medical Expenses

Downloading a **medical claim form sample** for overseas medical expenses helps streamline the reimbursement process. This template ensures all necessary details are accurately provided for smooth claim approval. It is essential for travelers seeking insurance coverage for international healthcare costs.

**Instructions:**

Please complete all relevant sections of the form. Attach original receipts, medical reports, and other supporting documents. Incomplete forms may result in a delay of claim processing.

1. Personal Details

Full Name:	
Date of Birth:	___ / ___ / ___
Policy/Certificate Number:	
Contact Number:	
Email Address:	
Home Address:	

2. Details of Illness/Injury

Date of Illness/Injury:	___ / ___ / ___
Description of Illness/Injury:	
Treatment Provided:	
Name & Address of Attending Doctor/Hospital:	

3. Claim Details

Date of Service	Description of Service	Amount Paid	Currency	Receipt Attached
___ / ___ / ___				Yes / No
___ / ___ / ___				Yes / No

4. Payment Details

Payee Name:	
Bank Name:	
Account Number:	
SWIFT/BIC Code (if applicable):	
Bank Address:	

5. Declaration & Signature

I hereby declare that the details provided above are true and correct to the best of my knowledge. I authorize the insurance company to verify the information submitted.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please return the completed form and original documents to your insurance provider.